**DEPARTMENT OF EDUCATION - REGION #10**

**APPLICATION FOR ADMISSION TO NURSERY SCHOOLS 20.....**

**PLEASE READ ALL CONDITIONS ON PAGE 2 BEFORE YOU COMPLETE THE FORM**

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| --- | --- |
| Nursery School – Year 1  (Born On or **Before** 30th June, 2021  **Note:** Child must be 3yrs 6mths at the end of December, 2024 | **Do not write here.**  **For Office use Only.** |
| 1. **Dept logo**Name of Child:-   …………………………… ……………………………. ………………………….  Last Name First Name Middle     1. Date of Birth   …………………………. ………………………… …………………………  Year Month Day | **Birth Certificate**  **Passport**  **Deed Poll**  **Other (specify………………………..**  **………………………………………..** |
| 1. Gender: Boy Girl |  |
| 1. Home Address of Child:…………………………………………………………….   ………………………………………………………………………………………..  Between………………………………Street………………………………….Street  Telephone Number: (Work)………………………………………  (Home)……………………………………..  (Cell):………………………………………. | Telephone Bill  Light Bill  Driver’s License (full)  Insurance  Receipt/Notice  N.I.S Voucher  Power of Attorney  Hire Purchase Card  Tin Certificate  **No Rent receipts will be accepted**. |
| 1. Immunization of Child | Evidence: Yes No |
| 1. Parent/Guardian Name:-…………………………………………………………   (a) Address:-………………………………………………………………………….  …………………………………………………………………………………………     1. Place of Employment:…………………………………………………………….   …………………………………………………………………………………………..  Employer’s Address:………………………………………………………………… | Pay Slip (Compulsory)  Letter from Employer  (Compulsory)  Other (specify)……………………….  ……………………………………….  **NB**: Original copies of all documents. |

**CONDITIONS**

This application form is to be used for admission to **Nursery Schools** in Region No. 10 **Only.**

When the application form is being checked by the designated Officer, Documentation is required to verify the information supplied. Failure to present documentation will delay the processing of your application.

**Original** documents tendered at interview will be returned immediately.

Interview with Parents/Guardians of Nursery School children who will be **Eligible** will be done at the Department of Education, Linden and Nursery Schools.

Responses will be made available at the Department of Education Region # 10.

**Please Note:** If evidence is found to show that incorrect information was knowingly provided on the application form, this **PLACEMENT WILL BE RESCINDED**.

Signature of Applicant:……………………………………………..Date……………………………………….

**Parent/Guardian**

Information Verified By:…………………………………………. Date:……………………………………..

School Awarded:……………………………………………………………………………………………………..

**OFFICE USE ONLY**

Remarks:………………………………………………………………………………………………………………..

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